

Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

| | |
|---|------------------|
| 1. Committee Information | |
| a. Full Name | c. ID Number |
| CITIZENS TO ELECT CHIP HUGHES | CRA-2CD2NC-C-001 |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| 1037 COLLETON WAY TRENT WOODS, NC 28562 | 01/05/2015 |
| | e. Phone Number |
| | |

| | | | |
|-----------------------|--|--------------------------------------|-------------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2014 | 10/19/2014 | 12/31/2014 | DANIEL E MURPHY |

| | | | | |
|---|---|--|--|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input checked="" type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |
| 0 | | | | |

| | | | |
|------------------------------------|-------------------------|------------------------------------|-------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| BB&T | | PIRYX INC. | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| CONTRIBUTIONS & EXPENDITURES | 1 | ONLINE TRANSACTIONS | 2 |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 3,856.94 | | \$ 0.00 |

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Daniel E. Murphy Printed Name of Signer [Signature] Signature of Appointed Treasurer 01/05/2015 Date

FOR OFFICE USE ONLY

Date Received: 1/5/15 Employee: [Signature] Delivery Method

Date Postmarked: _____ Employee: _____ ☐ Normal Mail

Date Scanned: _____ Employee: _____ ☐ Registered Mail

Date Data Entered: _____ Employee: _____ ☒ Hand Delivered

☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disclosure Report Cover Addendum

Amendment
☐ Yes ☒ No

Use this form to report additional bank account information that did not fit on the Disclosure Report Cover.

| | | | |
|---|--------------------------------|---|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | CRA-2CD2NC-C-001 | |
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| ANEDOT | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| ONLINE TRANSACTIONS | 3 | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 100.00 | | \$ |
| CERTIFICATION | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been | | | |
| _____ Printed Name of Signer | | _____ Signature of Appointed Treasurer | 01/05/2015 Date |
| Please Note: This cover sheet cannot be used to amend committee information such as the committee name or account information. | | | |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | |

CRO-1010

NC State Board of Elections

December 2007

Detailed Summary

Amendment
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

| | | |
|--|------------------------------------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number |
| CITIZENS TO ELECT CHIP HUGHES | 2014 Fourth Quarter | CRA-2CD2NC-C-001 |
| Start of Election Cycle: January 1, 2013 | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | \$ 3,856.94 | \$ 0.00 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 0.00 | \$ 1,593.51 |
| 6) Contributions from Individuals (CRO-1210) | \$ 4,050.00 | \$ 94,928.27 |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds (CRO-1410) | \$ 0.00 | \$ 0.00 |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income (CRO-1250) | \$ 0.00 | \$ 1,035.00 |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 4,050.00 | \$ 97,556.78 |
| EXPENDITURES | | |
| 13) Disbursements | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 8,005.13 | \$ 91,364.08 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 0.00 | \$ 1,000.00 |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 0.00 | \$ 296.31 |
| 15) Loan Repayments (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ 0.00 | \$ 1,136.31 |
| 17) In-Kind Contributions (CRO-1510) | \$ 0.00 | \$ 3,858.27 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 8,005.13 | \$ 97,654.97 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ (98.19) | \$ (98.19) |
| ADDITIONAL INFORMATION | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 0.00 | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0.00 | \$ 0.00 |

Contributions from Individuals

Pg 1 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | CRA-2CD2NC-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN BELL 501 HOLLAND HILL DRIVE GOLDSBORO, NC 27530 | | | LEGISLATOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NC HOUSE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/18/2014 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LILLIAN CREGER 114 RIDGEWOOD TRAIL NEW BERN, NC 28560 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DEPT OF DEFENSE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/18/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| HELEN DAVIS 8301 NC HWY 55 W DOVER, NC 28526 | | | CLERK OF COURT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/07/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,200.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 4,050.00 | |

Contributions from Individuals

Pg 2 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|---------------------|--------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | CRA-2CD2NC-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| MARY HYNES 105 ASPEN CT HAVELOCK, NC 28532 | | | | DATABASE MANAGER | | |
| | | | | c. Employer's Name/Specific Field SELF | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 3 | Credit Card | | 11/08/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| JAMES JACKSON 101 VAUD COURT NEW BERN, NC 28562 | | | | ATTORNEY | | |
| | | | | c. Employer's Name/Specific Field SELF/RETIRED | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| GEORGE JOHNSON 511 EAST FRONT STREET NEW BERN, NC 28560 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field NADEP | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 4,050.00 | |

Contributions from Individuals

Pg 3 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|--------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| CITIZENS TO ELECT CHIP HUGHES | | | | | | CRA-2CD2NC-C-001 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| NORMAN KELLUM PO BOX 866 NEW BERN, NC 28563 | | | | ATTORNEY | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | KELLUM LAW FIRM | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 100.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| ART KIRBY 602 CHELSEA ROAD TRENT WOODS, NC 28562 | | | | STATE TROOPER | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NC (RETIRED) | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 250.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/07/2014 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| WG CHAMPION MITCHELL 3009 RIVER LANE NEW BERN, NC 28562 | | | | RETIRED CEO | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NETWORKS SOLUTIONS | | |
| | | | | e. Election Sum to Date | | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/13/2014 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 4,050.00 | |

Contributions from Individuals

Pg 4 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | | CRA-2CD2NC-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KENNETH E MORRIS III 503 HAYWOOD CREEK DR TRENT WOODS, NC 28562 | | | | INSURANCE AGENT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | FIRST CHOICE BENEFITS | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/23/2014 | | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| M.B. MULLINIX JR 615 NEW ST NEW BERN, NC 28560 | | | | INVESTIGATOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NC DEPT OF INSURANCE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 700.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/24/2014 | | \$ 700.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JONATHAN SEGAL 430 GASEWOOD DR NEW BERN, NC 28562 | | | | PRESIDENT | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | FREEDOM COMMUNICATIONS | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 10/31/2014 | | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,200.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 4,050.00 | |

Contributions from Individuals

Pg 5 of 5

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | CRA-2CD2NC-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| TRAWICK STUBBS JR PO BOX 1654 NEW BERN, NC 28563 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | STUBBS & PERDUE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/24/2014 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN PERCY WETHERINGTON 119 N WEST ST PO BOX 698 DOVER, NC 28526 | | | MAYOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | TOWN OF DOVER | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/24/2014 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| A.D WILLIS 201 HILLCREST ROAD NEW BERN, NC 28562 | | | ENGINEER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 11/13/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 4,050.00 | |

Disbursements

Pg 1 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|-----------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) CITIZENS TO ELECT CHIP HUGHES | | | | | | 2. ID Number CRA-2CD2NC-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ANEDOT 5555 HILTON AVE STE 106 BATON ROUGE, LA 70808 (225) 250-1301 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 4.20 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 3 | Draft | O | 11/08/2014 | \$ 4.20 | ONLINE DONATION FEE - HYNES | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CAMPAIGN GENERAL PO BOX 2057 BEAUFORT, NC 28516 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 1,200.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 12/22/2014 | \$ 1,200.00 | PENS & RACK CARDS | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) RUFUS CARTER JR 112 ELLEN COURT HAVELOCK, NC 28532 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 600.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 10/31/2014 | \$ 400.00 | TRANSPORTATION/POLL WORKERS | | |
| 5. Total only this Page | | | | | | \$ 1,604.20 | |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 8,005.13 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Pg 2 of 4

Amendment
☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | | CRA-2CD2NC-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| COASTAL GOLF INC. PO BOX 12341 NEW BERN, NC 28561 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 350.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 11/07/2014 | \$ 350.00 | PATRIOT DAY GOLF | | |
| | | | | \$ | SPONSOR | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST TEE OF ENC PO BOX 14701 NEW BERN, NC 28561 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 150.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 10/27/2014 | \$ 150.00 | GOLF TOURNAMENT | | |
| | | | | \$ | SPONSOR | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| BOBBY GODETTE 860 ADAMS CREEK ROAD HAVELOCK, NC 28532 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 216.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 10/31/2014 | \$ 216.00 | TENT, TABLES CHAIRS | | |
| | | | | \$ | ELECTION DAY | | |
| 5. Total only this Page | | | | | | \$ 716.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | \$ 8,005.13 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Pg 3 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | | CRA-2CD2NC-C-001 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| LAMAR 516 ENGLISH ROAD ROCKY MOUNT, NC 27804 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 1,800.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | A | 11/14/2014 | \$ 1,800.00 | BILLBOARD INV#598452 | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| VERNON RAY RICHARDS 3312 NEUSE BLVD NEW BERN, NC 28562 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 1,687.56 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 11/20/2014 | \$ 1,687.56 | HARLOWE MEET & GREET | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| THEA'S IDEAS PO BOX A NEW BERN, NC 28563 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 3,470.61 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 10/27/2014 | \$ 1,113.83 | CAMPAIGN SHIRTS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 4,601.39 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | \$ 8,005.13 | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

Pg 4 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | | |
|---|--------------------|-----------------|----------------------|--|---------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| CITIZENS TO ELECT CHIP HUGHES | | | | | | CRA-2CD2NC-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| THEA'S IDEAS PO BOX A NEW BERN, NC 28563 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 479.04 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | O | 11/07/2014 | \$ 479.04 | CAMPAIGN SHIRTS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| MALIA M ZAYTOUN 2610 OLDGATE DR 304 RALEIGH, NC 27604 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date | |
| | | | | | | \$ 4,366.30 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | CO | 10/21/2014 | \$ 604.50 | FUNDRAISING SVCS - | | |
| | | | | \$ | SEP1 | | |
| 5. Total only this Page | | | | | | \$ 1,083.54 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 8,005.13 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

CRO-1310

NC State Board of Elections

December 2009